



Deval Patrick  
Governor

Timothy Murray  
Lieutenant Governor

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**Home Improvement Contractor Registration Program**  
**10 Park Plaza – Suite 5170**  
**Boston, MA. 02116**

**Request For Duplicate Registration Card**

Please complete (print) this form in ink and mail it to the above address with a certified check or money order for \$25, payable to: "Commonwealth of Massachusetts."

**REGISTRATION NUMBER (if known):** \_\_\_\_\_

**REGISTRATION (COMPANY) NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS (if different):** \_\_\_\_\_

**INDIVIDUAL RESPONSIBLE FOR  
HOME IMPROVEMENT CONTRACTS:** \_\_\_\_\_

*SIGNATURE OF RESPONSIBLE PERSON REQUIRED IN ORDER TO PROCESS:*

**SIGNATURE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_ (\_\_\_\_) \_\_\_\_\_

**LOST CARD WAS:** \_\_\_\_\_ **ONLY CARD ISSUED** \_\_\_\_\_ **SUPPLEMENTARY CARD**

***IF SUPPLEMENTARY CARD:***

***NAME OF PERSON ISSUED CARD:*** \_\_\_\_\_

***SIGNATURE OF CARDHOLDER:*** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**REGISTRATION NUMBER:** \_\_\_\_\_

**DUPLICATE ISSUED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_